

## CHILD SUPPORT ATTACHMENT

**CS.1 Child Support.** The child support worksheet which has been approved by the Court is attached to this order and is incorporated by reference or has been initialed and filed separately and is incorporated by reference. Child support for the child(ren) is awarded as follows:

### CS.1.1 CHILDREN FOR WHOM SUPPORT IS REQUIRED:

<u>Name</u>	<u>DOB</u>
_____	_____
_____	_____
_____	_____
_____	_____

### CS.1.2 PERSON PAYING SUPPORT (OBLIGOR) [ IF APPROPRIATE]\*

Name: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License State & Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

OBLIGOR IS REQUIRED TO NOTIFY THE COURT WITHIN TEN (10) DAYS AFTER EACH CHANGE OF ADDRESS OR EMPLOYMENT SO LONG AS THE SUPPORT ORDER IS IN EFFECT. FAILURE TO PROVIDE SUCH NOTICE SHALL SUBJECT THE OBLIGOR TO A PENALTY NOT TO EXCEED \$250, AND MAY RESULT IN THE OBLIGOR NOT RECEIVING NOTICE OF PROCEEDINGS FOR AN EARNINGS WITHHOLDING.

### CS.1.3 PERSON RECEIVING SUPPORT (OBLIGEE) [IF APPROPRIATE]\*

Name: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\*Address, telephone number and other identifying information should not be provided in public court documents where it might compromise the safety of a parent or child, especially if there has been a history of domestic violence.

Driver's License State & Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

#### CS.1.4 SUPPORT AWARD

[ ] The Obligor shall pay \$ \_\_\_\_\_ WEEKLY / BI-WEEKLY / MONTHLY (*circle one*) as child support for the children identified in CS.1.1 above, beginning \_\_\_\_\_ (*date*).

[ ] This amount was calculated in accordance with the Maryland Child Support Guidelines.

[ ] This amount deviates from the Maryland Child Support Guidelines for the following reasons: \_\_\_\_\_

[ ] This amount is a compromise figure based on disputed guidelines worksheets attached.

#### CS.1.5 ARREARS

[ ] The Court finds that, as of \_\_\_\_\_ (*date*), the obligor owes child support arrears in the amount of \$ \_\_\_\_\_. Obligor is directed to pay \$ \_\_\_\_\_ WEEKLY / BI-WEEKLY / MONTHLY (*circle one*) towards the arrears until the arrears are paid in full, commencing \_\_\_\_\_, \_\_\_\_\_ (*Date*).

#### CS.1.6 HOW SUPPORT PAYMENTS SHALL BE MADE

[ ] *Direct Payment - Wage Lien.* Child support payments are to be made directly to the obligee by means of a wage withholding order. *See attached Order.*

[ ] *Direct Payment - No Wage Lien.* Child support payments are to be made directly to the Obligee. Payments shall be sent to the address listed in Paragraph CS.1.3, unless obligee notifies obligor of a change in address. A wage withholding order will not be entered at this time because of the written agreement of the parties/good cause shown. If the obligor accumulates arrears amounting to more than thirty (30) days of support, the obligor shall be subject to an earnings withholding order.

[ ] *Payment Through the Child Support Enforcement Agency - Wage Lien.* Child support payments are to be made through the local child support enforcement office by means of an earnings withholding order. *See attached order.*

- [ ] *Payment Through the Child Support Enforcement Agency - No Wage Lien.* Child support payments are to be made through the local child support enforcement office. Payment shall be made directly to the agency by the obligor without use of an earnings withholding order. Payments are to be sent to the following address:

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A wage withholding order will not be entered at this time because of the written agreement of the parties/good cause shown. If the obligor accumulates arrears amounting to more than thirty (30) days of support, the obligor shall be subject to an earnings withholding order.

**CS.2 Health Insurance.**

- [ ] ORDERED, that \_\_\_\_\_ shall provide health and hospitalization insurance coverage for the minor children identified in Paragraph CS.1.1 and provide \_\_\_\_\_ with any identification cards and claim forms necessary to access said insurance.
- [ ] \_\_\_\_\_ shall provide the local child support enforcement office with evidence of the health and hospitalization coverage provided.